

CHAGRIN FALLS TOWNSHIP HALL RENTAL AGREEMENT

83 N. Main Street, Chagrin Falls, OH. 44022

\$40 per hour – Weekday Rate (M,T, W,TH)/**\$50** per hour – Weekend Rate (F, S, S)

\$400 All Day Weekday Rate (M,T, W,TH)/**\$500** All Day Weekend Rate (F, S, S)

SUBMIT TO: Betty MacIver * 83 N. Main Street, Chagrin Falls, OH 44022

(440) 708-4347 Cell * rental@chagrinfallstowship.org

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|--|----------------|-----------|---------------|
| Renter: | Name: | | |
| | Address: | | |
| | Phone: | | |
| | E-Mail: | | |
| | | | |
| Event: | Type: | | |
| | Date: | | |
| | Set-Up Time: | am/pm | (hours) |
| | Event Time: | | (hours) |
| | Clean-Up Time: | | (hours) |
| | CVCC Member: | Yes No | |
| Rental hours MUST include allowance for set-up & clean-up time. | | | |

| | | |
|---|--|----|
| Rental Rate: | (\$ per hour x hours) | \$ |
| AV Rental: Additional Charge | | |
| Speakers and Microphone only – \$45 | | \$ |
| Projection Unit (including microphone & speakers) - \$100 | | \$ |
| | TOTAL: | \$ |
| | Less Rental Deposit: | |
| | Balance Due: | |
| | | |
| <i>Rental Fee Received:</i> | <i>(Check #) For Office Use Only</i> | |
| <i>Security Deposit Received:</i> | <i>(Check #) For Office Use Only</i> | |
| | | |

Please make out 2 separate checks – one for the \$250 security deposit and one for at least half the rental fee. **Make checks payable to Chagrin Falls Township.**

The undersigned Applicant has read the “Township Hall Rental Policy” pertaining to this request and use of the Chagrin Falls Township Hall, which are incorporated herein, and agree to be bound by the same. The Policy can be found at chagrinfallstowship.org.

Signature of Applicant

Date: